

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

**SERIAL NO.**

SERIAL NO.	674669
APPLICANT(S)	

FILING DATE
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## CLAIMS

CLAIMS						
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.		2				
TOTAL DEP.		3				
TOTAL CLAIMS		5				